

FEB 24 2011

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## **2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)**

Covering the calendar year January 1, 2010 through December 31, 2010

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by **5:00 p.m. on February 18, 2011.**Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

**LEGISLATOR INFORMATION** 

Name		Office:				
Mailing address	777777777777777777777777777777777777777	☐ House ☐ Senate				
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1777 Mechanic Falls Rd,	3	of the second				
City, zip code		Phone				
City, zip code Paland, Me octo 24		Phone 207078450136				
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER						
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.						
<sup>4</sup> ☑ None						
Name of Employer	Address	Principal Type of Economic Activity of Employer				
PART 2. INCOME DERIVED FRO	DM SELF-EMPLOYMENT OR LAW	V PRACTICE				
A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.						
None						
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)				
Name:						
Address:						
Name:						
Address:						
		<u>, , , , , , , , , , , , , , , , , , , </u>				

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT					
B. List each source of income derived from self-employment or la \$1,000, whichever is greater, and specify the principal type of eco income. If this form of disclosure is prohibited by law, rule, or an est economic activity of the entity or person from whom the income was of	pnomic activity of the entity or person from who ablished code of professional ethics, specify only	n you derived such			
Name and Address of Source	Activity of Enti	ype of Economic ty or Person Who is e of the Income			
Name: <sup>6</sup> Address:					
Name: Address:					
PART 3. OTHER SO	OURCES OF INCOME				
List each source of income of \$1,000 or more not listed in Parts 1 or 2 box/	of this form. Do not include gifts or honoraria. If	none, check the			
None					
Name and Address of Source		of Income nts, leases, etc.)			
Name: Address:	ADDITION AND ADDITION AND ADDITION AND ADDITION AND ADDITION AND ADDITION ADDITION AND ADDITION ADDITI				
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Name: Address:	ADAMINISTATION				
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PART 4. REPORTABLE LIABILITIES					
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list credit card liabilities, educational loans, loans from a relative, or business loans from regulated financial institutions. If none, check the box.					
☑ None					
Name and Address of Creditor		pe of Economic of Creditor			
Name:	101100000000000000000000000000000000000				
Address:	PROPAGATOR AND THE PROPAGATOR AN				
Name:	nan un editor conside				
Address:	renewalk				
PART 5. REPO	RTABLE GIFTS				
List the specific source of gifts received during the reporting period with an aggregate value of more than \$300. If none, check the box.					
☑ None  Name of Source of Gift	Name of Source of Gift				
1.	3.				
2.	4.				

Street and the street of the s	ABLE HONORARIA
List the source of any honoraria accepted for appearances or speech	nes. If none, check the box.
None	
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.
PART 7. REPRESENTATION	N BEFORE STATE AGENCIES
List each executive branch agency before which you represented of box.	r assisted others for compensation of any amount. If none, check the
None	
Name of Agency	Name of Agency
1.	3.
2.	4.
	WITH STATE AGENCIES
List each executive branch agency to which you or a member of you shall be seen that the reporting period. Indicate whether you or a family is a second control of the property of the control of the property	our immediate family sold goods or services with a value in excess of member sold the goods or services. If none, check the box.
☑ None	
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 9. INCOME RECEIVED BY	MEMBERS OF IMMEDIATE FAMILY
dependent child(ren) during the reporting period and the kind of inco	ne of \$1,000 or more received by your spouse or domestic partner or me represented. If your spouse or domestic partner received income title of dependent children who received income of \$1000 or more. Do
Name of Spouse or Domestic Partner and Job Title Re	Type of Economic Activity epresenting Source of Income Received  Kind of Income
Name: Beimi Kimello  Job Title: Retired / General Electric 2. 5 3.	Dension G. E. 2. Poweron  3.
Dependent Child(ren) - Job Titles Only	
Job Title:	SERVICE STATE OF THE STATE OF T
Job Title:	
Job Title:	The second secon

PART 10.	OFFICER OR DIRECT	OR POSITIONS		
List any for-profit or nonprofit corporation, firm, associal held any office, trusteeship, directorship, or position of tion was compensated. If a family member listed, indicates	any nature. Indicate whe	ther you or a family held	the position and v	ediate family whether the posi-
None		A STATE OF THE STA	No. of the State o	PAPER PROPERTY OF THE PROPERTY OF THE PAPER PROPERTY OF THE PAPER
Organization/Business	Title	Position Held	Family Member's	s Compen-
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A Legislator who willfully fails to file a required state				
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many med a raise statement, it shall role to the	ango or last to the fittor	ney Concrai. (1 Mir.	O.A. § 1010)	
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Signature		<u></u>	Date	
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A Committee of the Comm	DDITIONAL INFORMA	ATION		
Please provide any additional information below (	(and on additional shee	ets if needed). Indicat	e the part or sec	tion number for
the information you are providing. Use additional	pages, if necessary.			
Part/Section	eginette et menne dien solle bezieht. Nie Bour en 1995 der Goud Goudlemur		n enle all'eventes de la segui. Ventestrantiones (122m/27/22)	
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